

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Defend Louisiana PAC

ADDRESS (number and street)

P.O. Box 44313

Check if different
than previously
reported. (ACC)

Baton Rouge

LA

70804

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00616128

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☒ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

12

10

2016

in the
State of

LA

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

10

20

2016

through

M M M /

D D D /

Y Y Y Y Y Y

11

20

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Townsend, Taylor, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Townsend, Taylor, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

11

28

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Defend Louisiana PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y
11		20		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	109586.07	
(c) Total Receipts (from Line 19)	226600.00	489000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	336186.07	489000.00
7. Total Disbursements (from Line 31).....	260968.20	413782.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	75217.87	75217.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Defend Louisiana PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
10		20		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
11		20		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

221425.00

478125.00

(ii) Unitemized

175.00

175.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

221600.00

478300.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

9000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

226600.00

487300.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

1700.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

226600.00

489000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

226600.00

489000.00

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	51918.41	106438.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	51918.41	106438.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	209049.79	304643.72
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2700.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2700.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	260968.20	413782.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	260968.20	413782.13

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	226600.00	487300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	2700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	226600.00	484600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	51918.41	106438.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	51918.41	106438.41

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Bain, Troy, , ,

Mailing Address **421 Dunoreland Circle**

City
Shreveport

State
LA

Zip Code
71106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self

Occupation (for Individual)
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 01 / 2016

Transaction ID : SA11AI.4922

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Bancorp South

Mailing Address **PO Box 1768**

City
Shreveport

State
LA

Zip Code
71166

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 04 / 2016

Transaction ID : SA11AI.4965

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Brown, B. Wayne, , ,

Mailing Address **8610 Glenhaven Dr.**

City
Shreveport

State
LA

Zip Code
71106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Brown Builders

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

11 / 07 / 2016

Transaction ID : SA11AI.4945

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

A. Campbell, Howell, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1447 Boardwalk Place City Gallatin State TN Zip Code 37066 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Occupation (for Individual) Business Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2016 Transaction ID : SA11AI.4974 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Memo Item
B. Campbell, Peter, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 12019 Kemps Mill Rd. City Williamsport State MD Zip Code 21795 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Spine Institute of LA Occupation (for Individual) Neurosurgeon Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 6500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2016 Transaction ID : SA11AI.4935 Amount of Each Receipt this Period 6500.00 <input type="checkbox"/> Memo Item
C. Carmouche, Donald, T., , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 17405 Perkins Road City Baton Rouge State LA Zip Code 70810 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Talbot, Carmouche Occupation (for Individual) Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 50000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 Transaction ID : SA11AI.4896 Amount of Each Receipt this Period 25000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			34000.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

A. Carmouche, Donald, T., , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 17405 Perkins Road City Baton Rouge State LA Zip Code 70810 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Talbot, Carmouche Occupation (for Individual) Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 60000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 Transaction ID : SA11AI.4950 Amount of Each Receipt this Period 10000.00 <input type="checkbox"/> Memo Item
B. Cleco LLC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address PO Box 5000 City Pineville State LA Zip Code 71361 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 15000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2016 Transaction ID : SA11AI.4924 Amount of Each Receipt this Period 10000.00 <input type="checkbox"/> Memo Item
C. Cox, Cox, Filo, Camel & Wilson LLC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 723 Broad St. City Lake Charles State LA Zip Code 70601 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 25000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2016 Transaction ID : SA11AI.4970 Amount of Each Receipt this Period 25000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			45000.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 30

(check only one)

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Cox, Paul, , ,

Mailing Address 723 Broad Street

City
 Lake Charles

State
 LA

Zip Code
 70601

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Cox, Cox, Filo, Camel & Wilson

Occupation (for Individual)
 Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 02 / 2016

Transaction ID : SA11AI.4927

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Cravins Trosclair APLC

Mailing Address PO Drawer 1149

City
 Opelousas

State
 LA

Zip Code
 70571

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2016

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Davison, James, , ,

Mailing Address 222 Loblolly Lane

City
 Choudrant

State
 LA

Zip Code
 71227

FEC ID number of contributing
 federal political committee.

C

Name of Employer (for Individual)
 Davison Transport

Occupation (for Individual)
 Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 25 / 2016

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Domengeaux Wright Roy

Mailing Address PO Box 3668

City
Lafayette

State
LA

Zip Code
70502

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2016

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. EnergyCoast

Mailing Address 2600 Citi Place

City

Baton Rouge

State

LA

Zip Code

70809

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2016

Transaction ID : SA11AI.4910

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Engineering & Technical Services LLC

Mailing Address 17237 Joe Sevario Rd.

City

Prairieville

State

LA

Zip Code

70769

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2016

Transaction ID : SA11AI.4946

Amount of Each Receipt this Period

5900.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 30

(check only one)

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gladstone, Jones, , ,</p> <p>Mailing Address 601 Poydras Street Suite 2655</p> <p>City New Orleans State LA Zip Code 70130</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Self Occupation (for Individual) Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 15000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2016</p> <p>Transaction ID : SA11AI.4921</p> <p>Amount of Each Receipt this Period 10000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gordon McKernan Injury Attorneys LLC</p> <p>Mailing Address 5656 Hilton Ave.</p> <p>City Baton Rouge State LA Zip Code 70808</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Occupation (for Individual)</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 11 / 07 / 2016</p> <p>Transaction ID : SA11AI.4963</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Grant Farms</p> <p>Mailing Address 4333 Shreveport Hwy.</p> <p>City Pineville State LA Zip Code 71360</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer (for Individual) Occupation (for Individual)</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 10 / 20 / 2016</p> <p>Transaction ID : SA11AI.4897</p> <p>Amount of Each Receipt this Period 2500.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		14500.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Gregorio, Sam, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2016	
Mailing Address 7600 Fern Ave. Bldg. 700			Transaction ID : SA11AI.4937	
City Shreveport	State LA	Zip Code 71105	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Gregorio, Chafin & Johnson		Occupation (for Individual) Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Guillory, Mark, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2016	
Mailing Address PO Box 504			Transaction ID : SA11AI.4899	
City Eunice	State LA	Zip Code 70535	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Guillory Construction		Occupation (for Individual) Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Herman, Russ, M., ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2016	
Mailing Address 625 St. Charles Ave Penthouse D			Transaction ID : SA11AI.4894	
City New Orleans	State LA	Zip Code 70130	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Herman, Herman, and Katz		Occupation (for Individual) Lawyer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. IGAS Enterprises LLC

Mailing Address 1195 Hawn Drive

City
ShreveportState
LAZip Code
71107FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2016

Transaction ID : SA11AI.4907

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jimmy Granger Used Cars, LLC

Mailing Address PO Box 6688

City
ShreveportState
LAZip Code
71136FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2016

Transaction ID : SA11AI.4905

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Jones, Ted, , ,Mailing Address 8941 Jefferson Hwy
Ste. 200City
Baton RougeState
LAZip Code
70809FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Self

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2016

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period

15000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

20000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

A. Jones Ponderosa LLC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2124 Fairfield Ave City Shreveport State LA Zip Code 71104 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 Transaction ID : SA11AI.4943 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item
B. Jones Walker LLP Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 201 St. Charles Ave City New Orleans State LA Zip Code 70170 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2016 Transaction ID : SA11AI.4948 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
C. McNew, Jeff, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 200 Balboa Dr. City Monroe State LA Zip Code 71203 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) L&R Occupation (for Individual) President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 21 / 2016 Transaction ID : SA11AI.4889 Amount of Each Receipt this Period 5000.00 <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			11000.00
TOTAL This Period (last page this line number only)..... ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Morrison, Greg, , ,

Mailing Address **846 Erie Street**

City
Shreveport

State
LA

Zip Code
71106

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Quality M Transport

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 20 / 2016

Transaction ID : SA11AI.4893

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Palm Investments LLC

Mailing Address **PO Box 4825**

City

Monroe

State

LA

Zip Code

71203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

10 / 28 / 2016

Transaction ID : SA11AI.4914

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Robin & Associates

Mailing Address **81125 Highway 129**

City

Covington

State

LA

Zip Code

70435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

11 / 04 / 2016

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Roy Hendrick A.I.A Architecture

Mailing Address 17372 Hwy. 16

City
 Amite

State
 LA

Zip Code
 70422

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 02 / 2016

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Stevens, Kamari, , ,

Mailing Address 1734 Summit St.
 Apt. B4

City

Columbus

State
 OH

Zip Code
 43201

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
 Not Employed

Occupation (for Individual)
 Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 04 / 2016

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Ted B. Lyon & Associates

Mailing Address 18601 LBJ Freeway
 Suite 525

City

Mesquite

State
 TX

Zip Code
 75150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2016

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. The 546 Company

Mailing Address 546 Carondelet St.

City State Zip Code
 New Orleans LA 70130

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 18 / 2016

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Triple E Farms

Mailing Address 3464 Hwy 29 South

City State Zip Code
 Bunkie LA 71322

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 07 / 2016

Transaction ID : SA11AI.4951

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Veron, Bice, Palmero & Wilson LLC

Mailing Address PO Box 2125

City State Zip Code
 Lake Charles LA 70602

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 07 / 2016

Transaction ID : SA11AI.4941

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

9500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 30
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

A. Waguespack, Mike, , , Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address PO Box 250 City Napoleonville State LA Zip Code 70390 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self- Employed Occupation (for Individual) CPA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 23 / 2016 Transaction ID : SA11AI.4903 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Memo Item
B. Whitehead Law Firm Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 11909 Bricksome Ave Suite W-3 City Baton Rouge State LA Zip Code 70816 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2016 Transaction ID : SA11AI.4931 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Memo Item
C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address City State Zip Code FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date ▼			Date of Receipt M M / D D / Y Y Y Y Y Y Amount of Each Receipt this Period <input type="checkbox"/> Memo Item
SUBTOTAL of Receipts This Page (optional)..... ▶			5000.00
TOTAL This Period (last page this line number only)..... ▶			221425.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Defend Louisiana PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CRESCENT RIVER PORT PILOTS ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE/CRPPA FED PAC

Mailing Address 8712 HWY 23

City
BELLE CHASSE

State
LA

Zip Code
70037

FEC ID number of contributing
federal political committee.

C C00221077

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

11 / **16** / **2016**

Transaction ID : **SA11C.4968**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

5000.00

TOTAL This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Defend Louisiana PAC

Full Name (Last, First, Middle Initial)

A. Anedot

Mailing Address PO Box 84314

City
Baton RougeState
LAZip Code
70884Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	5		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4959

Amount of Each Disbursement this Period

106.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BOLD

Mailing Address 1746 Jackson Ave

City
New OrleansState
LAZip Code
70115Purpose of Disbursement
Community Outreach

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4886

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JDE Inc.

Mailing Address 725 Lettsworth Street

City
Baton RougeState
LAZip Code
70802Purpose of Disbursement
Community Outreach

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	8		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4888

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

30106.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Defend Louisiana PAC

Full Name (Last, First, Middle Initial)

A. NOEL

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		08		2016

Mailing Address P.O. Box 58248

City
New OrleansState
LAZip Code
70158Purpose of Disbursement
Community Outreach

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.4887

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TIPS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		08		2016

Mailing Address 1517 Harrison Ave.

City
New OrleansState
LAZip Code
70119Purpose of Disbursement
Community Outreach

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.4885

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TIPS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
11		10		2016

Mailing Address 1517 Harrison Ave.

City
New OrleansState
LAZip Code
70119Purpose of Disbursement
Community Outreach

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.4962

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Defend Louisiana PAC

Full Name (Last, First, Middle Initial)

A. WWLTV

Mailing Address 1024 N. Rampart St.

City
New OrleansState
LAZip Code
70116Purpose of Disbursement
Website Design

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
1	1		1	5		2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4960

Amount of Each Disbursement this Period

597.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

597.00

41703.11

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Defend Louisiana PAC				FEC IDENTIFICATION NUMBER ▼ C C00616128	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Alegria Printing			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
Mailing Address 1115 Pierremont Rd.			Amount 5500.00		
City Shreveport	State LA	Zip Code 71106	Transaction ID : SE.4339		
Purpose of Expenditure Printing Literature		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 198893.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee APAC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
Mailing Address P.O. Box 50730			Amount 5500.00		
City New Orleans	State LA	Zip Code 70150	Transaction ID : SE.4332		
Purpose of Expenditure Community Outreach		Category/ Type 003	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 178393.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			11000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Townsend, Taylor, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 28 / 2016	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Defend Louisiana PAC				FEC IDENTIFICATION NUMBER ▼ C C00616128	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee BOLD			<input type="checkbox"/> Memo Item		
Mailing Address 1746 Jackson Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016		
City New Orleans		State LA	Zip Code 70115		
Purpose of Expenditure Postage		Category/ Type 004		Amount 20700.00	
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee BOLD			<input type="checkbox"/> Memo Item		
Mailing Address 1746 Jackson Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016		
City New Orleans		State LA	Zip Code 70115		
Purpose of Expenditure Printing		Category/ Type 004		Amount 21600.00	
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(a) TOTAL Independent Expenditures</p> </div> <div style="border: 1px solid black; padding: 5px; width: 250px;"> <p>42300.00</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Townsend, Taylor, , ,</u>				Date M M / D D / Y Y Y Y Y Y 11 / 28 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Defend Louisiana PAC				FEC IDENTIFICATION NUMBER ▼ C C00616128	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee BOLD			<input type="checkbox"/> Memo Item		
Mailing Address 1746 Jackson Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016		
City New Orleans		State LA	Zip Code 70115		
Purpose of Expenditure Community outreach/Canvassing		Category/ Type 004		Amount 6000.00	
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 147893.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee BOLD			<input type="checkbox"/> Memo Item		
Mailing Address 1746 Jackson Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
City New Orleans		State LA	Zip Code 70115		
Purpose of Expenditure Community outreach		Category/ Type 004		Amount 6000.00	
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 257090.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			12000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Townsend, Taylor, , , Signature			Date M M / D D / Y Y Y Y Y Y 11 / 28 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Defend Louisiana PAC				FEC IDENTIFICATION NUMBER ▼ C C00616128	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Jefferson United			<input type="checkbox"/> Memo Item		
Mailing Address 1901 Manhattan Blvd. Suite 203			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
City Harvey		State LA	Zip Code 70058	Amount 10000.00	
Purpose of Expenditure Community outreach			Category/ Type 004	Transaction ID : SE.4353 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 276090.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee LIFE			<input type="checkbox"/> Memo Item		
Mailing Address 3720 Hessmer Ave			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
City Metairie		State LA	Zip Code 70002	Amount 7500.00	
Purpose of Expenditure Community Outreach			Category/ Type 003	Transaction ID : SE.4334 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016	
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA	
Calendar Year-To-Date Per Election for Office Sought 185893.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			17500.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Townsend, Taylor, , , Signature			[Electronically Filed]	Date M M / D D / Y Y Y Y Y Y 11 / 28 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Defend Louisiana PAC				FEC IDENTIFICATION NUMBER ▼ C C00616128	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee NOEL			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 58248			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
City New Orleans		State LA	Zip Code 70158		
Purpose of Expenditure Community Outreach		Category/ Type 003		Amount 2500.00	
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 188393.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee NOEL			<input type="checkbox"/> Memo Item		
Mailing Address P.O. Box 58248			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
City New Orleans		State LA	Zip Code 70158		
Purpose of Expenditure Community outreach		Category/ Type 004		Amount 5000.00	
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 266090.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			7500.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Townsend, Taylor, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 28 / 2016	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Defend Louisiana PAC				FEC IDENTIFICATION NUMBER ▼ C C00616128	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee OPDEC/ Mele Printing			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2016		
Mailing Address 5801 Waterford Blvd			Amount 25000.00		
City New Orleans	State LA	Zip Code 70127	Transaction ID : SE.4267		
Purpose of Expenditure Printing		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2016		
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee The Campaign Network			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016		
Mailing Address 140 Bayswater Street			Amount 52196.59		
City Boston	State MA	Zip Code 02128	Transaction ID : SE.4341		
Purpose of Expenditure Mail and Robocalls		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016		
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			77196.59		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Townsend, Taylor, , ,		[Electronically Filed]		Date MM / DD / YYYY 11 / 28 / 2016	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Defend Louisiana PAC				FEC IDENTIFICATION NUMBER ▼ C C00616128	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Campaign Network			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Mailing Address 140 Bayswater Street			Amount 28553.20		
City Boston	State MA	Zip Code 02128	Transaction ID : SE.4360		
Purpose of Expenditure Mail production and postage		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 04 / 2016		
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 304643.72			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee TIPS			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 22 / 2016		
Mailing Address 1517 Harrison Ave.			Amount 4000.00		
City New Orleans	State LA	Zip Code 70119	Transaction ID : SE.4251		
Purpose of Expenditure Community outreach/Canvassing		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 22 / 2016		
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 120293.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			32553.20		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Townsend, Taylor, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 28 / 2016	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Defend Louisiana PAC				FEC IDENTIFICATION NUMBER ▼ C C00616128	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee TIPS			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
Mailing Address 1517 Harrison Ave.			Amount 4000.00		
City New Orleans	State LA	Zip Code 70119	Transaction ID : SE.4350		
Purpose of Expenditure Community outreach		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2016		
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 261090.52			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee United Ballot PAC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
Mailing Address 113 Alfred Street			Amount 5000.00		
City Lafayette	State LA	Zip Code 70151	Transaction ID : SE.4337		
Purpose of Expenditure Community Outreach		Category/ Type 003	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2016		
Name of Federal Candidate: CAMPBELL, FOSTER LONNIE II, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: LA <input type="checkbox"/> President		
Calendar Year-To-Date Per Election for Office Sought 193393.93			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			9000.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures			209049.79		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Townsend, Taylor, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 28 / 2016	
Signature					